ENTRY BLA	vik:		
PLEASE TYPE	OR PRINT	Entered o	revious May Sho
l≝ Ms □ Mr. Artiet _	Judy	yes Bu	ka"hta
Permanent Address Si	Treet Control	udge Rd.	List Name Last) City
44128		831-318	9
Zip Temporally Address	Area Code		
Zip	Are Code		
Permanent addre	ess īs in what count	ry? Culfa	Mega-
	ga County 🕟 Ye		
Collaborator	(I) Any)		
Artist will pi			
Museum sha	uld ship to artist C	CO.D at this ac	doress"
	ons include below inst be assembled and d		rawing of how

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain or exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Supplementary Signature

ENTRY BLANKS Insurance Vilu of Frames 4. Sculpture Insurance Value